

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10000

15063

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3018 Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY DENT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give town) SALEM		c. LENGTH OF STAY (In this place) 4 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) CHERRYVILLE 2280	
d. FULL NAME OF HOSPITAL OR INSTITUTION HART CLINIC				d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) EDWARD		b. (Middle) THOMAS		c. (Last) ACHURCH	
5. SEX 0		6. COLOR OR RACE WHITE		4. DATE OF DEATH (Month) (Day) (Year) MAY 2-1955	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 20-1881	
10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) EUREKA, MISSOURI		9. AGE (In years last birthday) 73	
13a. FATHER'S NAME SAMUEL ACHURCH		13b. MOTHER'S MAIDEN NAME MARY BICKNELL		16. NAME OF HUSBAND OR WIFE MARGARET ACHURCH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARGARET ACHURCH-STEELVILLE, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior chest heart disease		INTERVAL BETWEEN ONSET AND DEATH 9 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-8-1954, to 5-2-1955, that I last saw the deceased alive on 5-2-1955 and that death occurred at 10:25 P. M., from the causes and on the date stated above.					
23a. SIGNATURE R. G. Mitchell M.D.		23b. ADDRESS Salem Mo.		23c. DATE SIGNED 5-7-58	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 5-5-1955		24c. NAME OF CEMETERY OR CREMATORY SCHWIEDER CEMETERY	
DATE REC'D BY LOCAL REG. 5-5-55		REGISTRAR'S SIGNATURE R. G. Mitchell, M.D.		24d. LOCATION (City, town, or county) (State) CRAWFORD COUNTY, MO.	
		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

May L. Wayne

Licensed Embalmer No. 4170

P. O. Address Halems, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.